



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400001

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **POLISH AMERICAN CITIZENS CLUB INC.**

DOING BUSINESS AS

ADDRESS **7 BLISS ST.**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **KLISIEWICZ,
STANLEY**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

7 BLISS ST. BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400002

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ORANGE LANTERN, INC.**

DOING BUSINESS AS **MAGIC LANTERN**

ADDRESS **399 BOSTON RD. WEST**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **PESSOLANO,
PATRICK B.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400003

CITY OR TOWN MONSON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAMADON ENTERPRISES, INC.

DOING BUSINESS AS CJ'S RESTAURANT

ADDRESS 371 BOSTON RD. WEST

CITY/TOWN: MONSON

STATE: MA

ZIP CODE: 01057

MANAGER: HODGDON,
LINDA A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF STRUCTURE BLDG. WITH DINING RM. ADDITIONAL, STORAGE IN REAR.
ENTRANCES AND EXITS, DINING ROOM, MAIN DINING ROOM AND KITCHEN. ALSO
CONSTRUCTED FRONT PORCH WAITING ROOM AREA.

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400004

CITY OR TOWN MONSON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUABOAG RIDERS, INC.

DOING BUSINESS AS

ADDRESS 31 KING AVE.

CITY/TOWN: MONSON

STATE: MA

ZIP CODE: 01057

MANAGER: PERRY, MARK A. TYPE OF LICENSE: General on
SR. premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE, TWO FLOORS, SEPARATE ENTRANCES AND EXITS BOTH FLOORS;
PAVILLION

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400010

CITY OR TOWN MONSON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLF TWO ENTERPRISES, INC.

DOING BUSINESS AS QUABOAG VALHALLA RESTAURANT

ADDRESS 70 PALMER RD.

CITY/TOWN: MONSON

STATE: MA

ZIP CODE: 01057

MANAGER: PLANTE,
WILLIAM P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST AND SECOND FLOORS WITH THREE SERVING BARS, RESTAURANT AND COCKTAIL LOUNGE WITH CELLAR FOR STORAGE.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400011

CITY OR TOWN MONSON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEE-JAY'S, INC.

DOING BUSINESS AS

ADDRESS 143 PALMER RD.

CITY/TOWN: MONSON

STATE: MA

ZIP CODE: 01057

MANAGER: PIKUL, ANTHONY TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR OF BUILDING WITH LIQUOR STORAGE ROOM ON SECOND FLOOR
PLUS OUT BUILDING KNOWN AS THE PAVILLION

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400012

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MONSON MARKETS, INC**

DOING BUSINESS AS **ADAMS DISCOUNT LIQUORS**

ADDRESS **115 MAIN STREET**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **O'GRADY,
MICHAEL J.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400014

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LE POER, PETER**

DOING BUSINESS AS **MAIN STREET LIQUORS**

ADDRESS **21 MAIN STREET**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **LE POER, PETER**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG. ON THE FIRST FLOOR THERE IS A FRONT DOOR ENTRANCE, SIDE EXIT AND EGRESS FROM THE BASEMENT. CONSTRUCTION IS A FRAME WITH FULL CELLAR. APARTMENT ON THE SECOND FLOOR WITH 2 EXITS

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400029

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JHHM LLC**

DOING BUSINESS AS **DEMAIO DISCOUNT PACKAGE STORE**

ADDRESS **145 PALMER ROAD**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **KAUR, SURJIT**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE ROOM 40X60, BACK STORAGE AREA. TWO ENTRANCES ONE FRONT AND ONE SIDE.
ALL ON FIRST FLOOR. SIDE ENTRANCE FOR RECEIVING AND EMERGENCY EXIT**

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400037

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BETH & DEBS FAMILY DINING,LLC**

DOING BUSINESS AS **BETH'S FAMILY DINING**

ADDRESS **107 MAIN STREET**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **BROWN,
ELIZABETH M.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 6,000 SQ. FT. TOTAL: BASEMENT 3,000 SQ. FT. -OFFICE COOLERS AND STORAGE;
1ST FLOOR 3000 SQ FT-DINING 1,200 SQ. FT. COMMON AREA 650 SQ. FT. KITCHEN 600 SQ
FT. AND BAR 550 SQ. FT. KITCHEN - EAST SIDE, BAR ENTRANCE NORTH SEDE AND
DINING ENTRANCE ON SOUTH SIDE.**

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400039

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARIA'S PIZZERIA & SEAFOOD, INC.**

DOING BUSINESS AS

ADDRESS **52 MAIN STREET**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **MARKOPOULOS, MARIA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,500 SQ. FT.; DINING ROOM (2 ENTRANCE /EXITS) KITCHEN(1 ENTRANCE/EXIT) 2 HANDICAP BATHROOMS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073400040

CITY OR TOWN **MONSON**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ALLEN NAU LLC**

DOING BUSINESS AS **THE QUARRY TAVERN**

ADDRESS **216 MAIN STREET**

CITY/TOWN: **MONSON**

STATE: **MA**

ZIP CODE: **01057**

MANAGER: **ALLEN, MEGHAN L.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR AND LOUNGE LOCATED ON FIRST FLOOR OF 216 MAIN STREET CONTAINING APPROX. 2,200 SQ. FT., INCLUDING KITCHEN. BASEMENT OF APPROX. 600 SQ. FT. FOR STORAGE, ENTRANCE AND EXITS IN FRONT AND REAR OF PREMISE

I hereby certify and swear under penalties of perjury that:

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